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Bib Data Sheet

CONFIRMATION NO. 1295

SERIAL NUMBER 10/604,296	FILING OR 371(c) DATE 07/09/2003	CLASS 375	GROUP ART UNIT 2611	ATTORNEY DOCKET NO. BUR920020041US1
RULE				

APPLICANTS

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** CONTINUING DATA *****

NONE. K

** FOREIGN APPLICATIONS *****

NONE. K

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 11/12/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY VT	SHEETS DRAWING 4	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: <i>K</i>				

ADDRESS

23389

TITLE

SYSTEM AND METHOD FOR DATA PHASE REALIGNMENT

FILING FEE RECEIVED 834	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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